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May 13/05

05 SEP -6 PH 2: 10



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bonk Industries, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nickolas P. Bonk (Name of Person)	
Bonk Industries, LLC (Firm/Company)	05 ST
2710 Coral Reef Drive	P-6 PH 2: 40
Orlando, FL 32826 (City/State and Zip Code)	2: 40 FLORIDA
For further information concerning this matter, please call:	
Nockolas P. Bonk at (727) 644-4014 (Name of Person) at (727) 644-4014 (Area Code & Daytime Telephone Number)	_
Enclosed is a check for the following amount:	
\$\frac{1}{4}\\$125.00\\$ \text{Filing Fee} \text{\$\subset} \\$130.00\\$ \text{Filing Fee} \text{\$\subset} \\$155.00\\$ \text{Filing Fee} \text{\$\subset} \\$160.00\\$ \text{Filing Fee} \text{\$\subset} \\$Certified Copy \text{(additional copy is enclosed)} \text{\$\subset} \\$Certified Copy \text{(additional copy is enclosed)} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \q \text{\$\subset} \$\su	Status &

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bonk Industrie	s, LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2710 Coral Reef Drive Orlando, FL 32826	2710 Coral Reef Device Son Oclanda FL 32826 5
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Vickolas P. Bo	ink Dr. 0
2710 Coral R Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
<u> </u>	FL 32826 d Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Nickolas P. Bonk 2710 Coral Reef Drive Orlando, FL 32826
(Use attachment if necessary) NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	Bernard an authorized representative of a member.
Mula- Signature of a	Bernard Representative of a member.
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
	Typed or printed name of signee

. 2.027

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)